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CONFIRMATION NO. 5355

Bib Data Sheet

SERIAL NUMBER 09/841,451	FILING OR 371(c) DATE 04/24/2001 RULE	CLASS 600	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. 4502US

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** CONTINUING DATA ***************************

This application is a CIP of 09/092,260 06/05/1998 PAT 6,312,389 which is a CON of 08/680,492 07/15/1996 PAT 5,789,660
This application 09/841,451
is a CIP of 09/128,897 08/04/1998 PAT 6,815,211
and is a CIP of 09/128,918 08/04/1998 PAT 6,325,978

** FOREIGN APPLICATIONS ********************

IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **
** 06/15/2001

Foreign Priority claimed ☐ yes ☑ no		STATE OR COUNTRY WA	SHEETS DRAWING 15	TOTAL CLAIMS 97	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met ☐ yes ☑ no ☐ Met after Allowance					
Verified and Acknowledged ___Examiner's Signature___ Initials					

ADDRESS
24247

TITLE

Multiple function airway adapter

FILING FEE RECEIVED 1479	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	☐ All Fees
		☐ 1.16 Fees (Filing)
		☐ 1.17 Fees (Processing Ext. of time)
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